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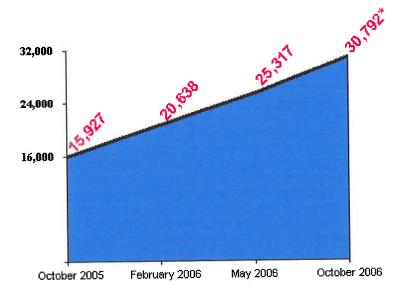
Number of returning veterans who receive an initial diagnosis of PTSD projected to double by October 2006

Washington, D.C. – According to quarterly utilization data from the Department of Veterans Affairs (VA), the cumulative number of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans with an initial diagnosis of PTSD has climbed steadily in the last four quarters. It has increased from 9,688 in May 2005, to 15,927 by October 2005, to 20,638 by February 2006, and most

recently to 25,317 as reported in May 2006.

"I am very concerned that the VA is not prepared to address the growing number of servicemembers and veterans returning from Iraq and Afghanistan with mental health needs," said Representative Michael Michaud (D-ME), Ranking Member of the Subcommittee on Health of the House Committee on Veterans' Affairs.

Progression and Projection of PTSD Diagnoses between October 2005 and October 2006



Prepared by the U.S. House of Representatives Committee on Veterans Affairs Democratic Staff

^{*}Source of Data: Department of Veterans Affairs; October 2006 is projected by HVAC Staff

"If the trend keeps up, by the end of fiscal year 2006 more than 30,000 servicemembers and veterans returning from Iraq and Afghanistan will seek mental health services at the VA due to an initial diagnosis of PTSD. Frankly, I don't think that VA's budget planned for this number of new veterans with mental health concerns," cautioned Michaud.

Earlier this year, VA officials told the House Veterans' Affairs Committee that they would likely see some 2,900 additional returning veterans with PTSD in fiscal year 2006. The data show VA has already seen 10,000 additional veterans with PTSD and will likely see another 5,000 new patients by the end of the fiscal year.

Even as the numbers of veterans in need of care for PTSD rises, VA has scaled back on the intensity of outpatient care it provides to veterans with PTSD. In the past decade, the number of outpatient PTSD therapy sessions a veteran receives has dropped by 25%, from roughly 11 sessions in fiscal year 1995 to 8 sessions in fiscal year 2005.

"I have met veterans who have told me that they only see a VA psychiatrist once a month for 30 minutes – that's 6 hours a year of care for a veteran with PTSD," Michaud said. "Many want and need treatment that is more frequent. VA therapists and counselors are dedicated, but VA's leadership is spreading them too thin. How can this increase in demand, coupled with the decrease in frequency of care, not affect access and the quality of care VA gives veterans?"

Michaud stated that these significant trends warrant oversight hearings by the House Committee on Veterans' Affairs.